PTO/SB/31 (04-05)



Docket Number (Optional)

| | NOTICE OF APPEAL FROM THE EXAMINER TO BOARD OF PATENT APPEALS AND INTERFERE | | 15270J-004747US | | |
|---|--|---|--|-----------------------------|--|
| I hereby certify that this correspondence and the documents referred to as attached therein are being deposited on April 24, 2007 with the United States Postal Service in an envelope as "Express Mail Post Office to Addressee," mailing label No. EM 018 256 179 US addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, | | In re Application of: SCHENK, Dale B. | | | |
| | | Application Number: 10/828,548 | | Filed: April 19, 2004 | |
| Alexandria, VA 22313-1450. | | For: Prevention and Treatment of Amyloidogenic Disease | | | |
| Signature Cynthia K. Dawn | | Art Unit: 1649 | | Examiner: Kolker, Daniel E. | |
| Typed or printed name Cynthia K. Dawn | | Art Offic. 1049 | | Examiner. Noiker, Danier E. | |
| Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner. | | | | | |
| The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) \$ 500.00 | | | | | |
| | Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: | | | | |
| A che | A check in the amount of the fee is enclosed. | | | | |
| ☐ Paym | Payment by credit card. Form PTO-2038 is attached. | | | | |
| | The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet. | | | | |
| | The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>19-4880</u> . | | | | |
| A peti | A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed. | | | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | | | |
| I am the | | |) | 1/11 | |
| applic applic | ant/inventor. | 10 | seum i e | I.lell | |
| | nee of record of the entire interest. | | | nature | |
| | See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) | | Rosemarie L. Celli Typed or printed name | | |
| | attorney or agent of record. Registration number 650-625-8100 | | | | |
| ⊠ attorn | ou or opent politica under 27 OFD 4 24 | | Telepho | one number | |
| | ey or agent acting under 37 CFR 1.34. ration number if acting under 37 CFR 1.34. 42,397 | April | | 24 , 2007 | |
| | | | | Date | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | | | | | |
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 \boxtimes *Total of <u>1</u> forms are submitted.

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